

AIR FORCE No. R112892 POSTED TO #1 Manning Depot Toronto, Ontario TRADE Aircrew (FAO)

ROYAL CANADIAN AIR FORCE

(ATTESTATION PAPER)

(Pages one and two, only, are to be completed in Applicant's own Handwriting)

1. Surname BLANCHFIELD FULL Christian Names JOHN JAMES
2. Present Address New Adelaide Hotel Toronto Ont. Telephone W.A. 3231
3. Permanent Address New Adelaide Hotel Toronto, Ont.
4. Place of Birth Winnipeg Manitoba Citizenship Canadian
5. Date of Birth March 13th 1917 Married, Single, Widower, Separated, Divorced Single
6. Particulars of Children None

Name	Date of birth	Name	Date of birth

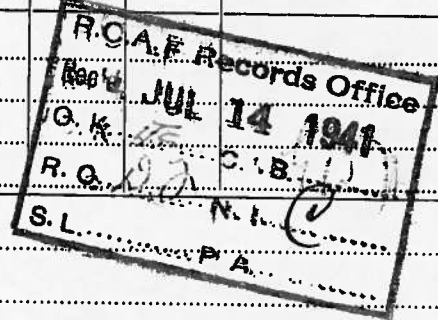
7. Occupation Chief

9. Languages English State denomination Catholic

10. Next of Kin (Full Name) Mrs. James Perkins Relationship Grandmother
" Address 575 Wardlaw Ave. Winnipeg, Manitoba
11. Father (Full Name) Joseph Michael Blanchfield Birthplace Mountain Ont.
" Address (Deceased) Citizenship Canadian
" Occupation Salesman
12. Mother (Full Maiden Name) Helen Margaret Perkins Birthplace Winnipeg Man.
" Address (Deceased) Citizenship Canadian

13. Details of any Naval, Military or Air Force Service:

Unit	Place	Rank	Trade	Date	Reason for discharge
				From To	
<u>None</u>					



14. Honours, Awards, Mentions N/A
15. Are you now on any Naval, Military or Air Force Reserve? No
16. Have you previously made application to join the R.C.A.F.? No If so, where? N/A
When? N/A Result N/A
17. Were you ever discharged from any branch of His Majesty's Forces as Medically Unfit? No
If so, state nature of disability N/A
18. Have you ever been or are you now in receipt of a Disability Pension? No
If so, state nature of Disability N/A
19. Have you ever been convicted of an indictable offence? No If so state nature N/A
20. Are you in debt? No If so, state particulars N/A

97-362

21. Particulars of Education:

	Name of school	Date		Courses—Subjects, etc.
		From	To	
Primary Education—Public or Separate School.....	General Steele	1924	1932	Entrance
High School—Collegiate Institute, etc.....	St. Pauls College	1932	1935	Matriculation
Technical School.....				
University or School other than above.....				
Correspondence Courses, etc.....				

22. Particulars of all Civil Occupations (in full):

Employer and place	Duties, trades, positions	Date		Reason for leaving
		From	To	
Black Coal Sales Winnipeg	Clerk	1935	1937	Company out of Business
Comox Logging Co. B.C.	Loggerman	1937	1938	Seasonal
Can Pac Ry's Winnipeg	Clerk	1939	1941	Personal Desire
Thompson Jones, Toronto	Clerk and Foreman	1941	1941	R.C.A.F.

23. Flying Experience (in Hours) Solo.....None.....Dual.....None.....Passenger.....None.....

24. Special Qualifications, Hobbies, etc., useful to the R.C.A.F.....Reading.....

25. Sports engaged in. State: extensively, moderately, occasionally.....Badminton - Manitoba.....

Champion 1937-38 swimming, canoeing, Biding - extensively
Football & Hockey - extensively at College26. AIR FORCE DUTY you wish to enlist for ~~Ground Duties.~~
Flying Duties.If for Ground Duties, state Air Force trade in which you wish to enlist.....Flying Duties.....
If for Flying Duties, state preference as (a) Pilot; (b) Observer; (c) Air Gunner (d) Wireless Operator (Air Crew).
(Cross out words not applicable.)

27. Names of at least two persons who can give references as to character and ability.

Name	Address	Occupation
A. G. Gaudling	826 Somerset Ave. Ft. Garry Man.	Flight Lieutenant RCAF
A. J. Taunton	922 Somerset Ave. Man.	Squadron Leader, RCAF.
A. J. Forsythe	Barrish Bldg. Winnipeg	Captain 17 Field Battery RCAF C.A.(A)

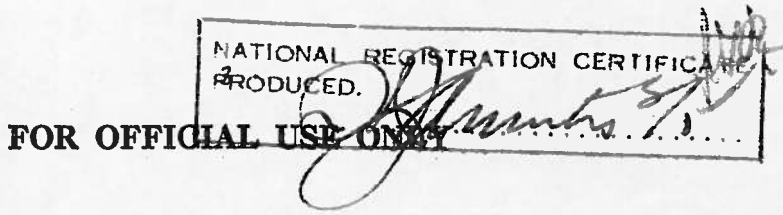
28. Other information that may have any bearing on this application.....None.....

29. Do you understand that vaccination, re-vaccination and inoculation are compulsory?.....Yes.....

I HEREBY CERTIFY that the foregoing information furnished by me is correct to the best of my knowledge and belief

Date June 25th 1941

Signature James J. Blanchfield



(A) Report of Interviewing Officer—

Type.....General appearance.....

Suitability for (state in what capacity).....

Date.....Signature.....Rank.....

(B) Report of Trade Test—

Trade in which tested.....

Result.....

Trade qualifications other than above likely to lead to efficient employment in the R.C.A.F.....

Date.....Signature.....Rank.....

(C) DECLARATION MADE BY MAN ON ATTESTATION

I, JOHN JAMES BLANCHFIELD.....do solemnly declare that the foregoing particulars are true, and I hereby engage to serve on active service anywhere in Canada, and also beyond Canada and overseas, in the Royal Canadian Air Force for the duration of the present war, and for the period of demobilization thereafter, and in any event for a period of not less than one year, provided His Majesty should so long require my services.

Date July 7th 1941..... J. J. Blanchfield
Signature of Recruit

(D) OATH TAKEN BY MAN ON ATTESTATION

I, JOHN JAMES BLANCHFIELD.....do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

Date July 7th 1941..... J. J. Blanchfield
Signature of Recruit

(E) CERTIFICATE OF ATTESTING OFFICER

The Recruit above named was cautioned by me that if he made any false answers to any of the above questions he would be liable to be punished as provided by law.

The above questions and answers were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to and the said Recruit has made and signed the declaration and taken the Oath before me,

at Toronto, Ontario this 7th day of July 1941..

Signature of Officer: [Signature] Rank: [Blank] R.C.A.F. Recruiting Centre, Toronto, Ont.

FOR OFFICIAL USE ONLY
CERTIFICATE OF MEDICAL EXAMINATION

Finger Printed
 Date JUL 7 1941
 Initials.....

Part 1. Information obtained from the applicant—

1. Age. 24 2. Have you ever suffered from any of the following defects in health?

- | | | | |
|------------------------------------|-----------|------------------------------------|------------|
| (a) Rheumatism..... | <u>No</u> | (j) Nasal Trouble..... | <u>No</u> |
| (b) Tuberculosis..... | <u>No</u> | (k) Ear Disease..... | <u>No</u> |
| (c) Bronchitis or Asthma..... | <u>No</u> | (l) Eye Disease..... | <u>No</u> |
| (d) Heart Disease..... | <u>No</u> | (m) Epilepsy..... | <u>No</u> |
| (e) Kidney or Bladder Disease..... | <u>No</u> | (n) Nervous or Mental Disease..... | <u>No</u> |
| (f) Gastro-intestinal..... | <u>No</u> | (o) Syphilis..... | <u>No</u> |
| (g) Rupture..... | <u>No</u> | (p) Gonorrhoea..... | <u>No</u> |
| (h) Varicose Veins..... | <u>No</u> | (q) Bone Fracture..... | <u>No</u> |
| (i) Flat or Deformed Feet..... | <u>No</u> | (r) Other Disease or Defect..... | <u>Yes</u> |

3. Have you ever worn glasses?
 4. Have you ever been ill for more than one week duration.

No.
No.
 I certify that I have revealed my full medical history and have not withheld relevant information. S. J. Blanchfield
 Signature of Applicant

Examiner's Remarks re above.

+ x a Childhood disease

Part 2. Information obtained by Medical Examination (Applicant must be stripped)—

1. Identification marks or scars (if operative obtain history).....

Irregular scar rt chest axillary line

2. Height..... 5 feet 8 1/2 inches. 3. Weight..... 136 pounds.

4. Complexion..... fair 5. Color of Eyes..... blue Hair..... brown

6. Development..... Good Fair Poor 7. Chest Measurement—Full expiration..... 35 inches

Range of expansion..... 3 inches

8. Hearing—Right..... WU20 Left..... WU20 Tympana—Right..... N Left..... N

9. Vision—Without glasses—Right..... 20/20 With glasses—Right.....

Left..... 20/20 Left.....

10. Condition of mouth and teeth..... Healthy

11. Urine—Albumen..... neg Sugar..... neg

12. Abnormalities (Congenital and Pathological) found on Examination..... nil

Part 3. The Candidate has been examined in accordance with the pamphlet, "Physical Standards and Instructions for the Medical Examination of Recruits" and he is considered fit for Category

A1B
A3B

Any special remarks of the Medical Officers.....

X Pay chest negative

19. Reflexes..... N
 20. Heart..... N
 21. Lungs..... N
 22. Blood Pressure..... 120/80
 23. Colour Vision..... N

Date..... 27/6/41

[Signature] President Peter Jones F/L Member

Member

NAME BLANCHFIELD, John James

FILE NO. J22457

RANK Flying Officer

CATEGORY

KILLED

REG. NO. _____

DATE OF DEATH: 26 Nov 43

MOTHER LIVING: N.O.

WIFE: YES

MINISTERIAL CARD: 13 Dec 43

ROYAL MESSAGE APR 20 1944

MEMORIAL CROSS

TO CHAPLAIN: APR 5 1944

to wife:

DEL'D TO MOTHER:

DEL'D TO WIFE:

Mrs. J.J. Blanchfield,
276 Albert Street,
Kingston, Ontario.

COMMAND: No. 1 T.C.

RELIGION: R.C.

<div>ROYAL CANADIAN AIR FORCE</div> <div>INTERVIEW REPORT</div>		AGE.....24.....
		HEIGHT.....5'10".....
		WEIGHT.....148.....
SURNAME.....BLANCHFIELD.....	N.F.	ADMINISTRATION.....
CHRISTIAN NAMES.....JOHN JAMES.....		TECHNICAL.....
MARRIED.....No.....		EQUIP/ACCTS.....
.....NO. OF CHILDREN Nil	FLY-ING	GEN. LIST.....
	X	PILOT.....X.....
		OBSERVER.....X.....
		W.O. AIR GUNNER.....
EDUCATIONAL STANDING:- Number of years Jr. Matric.		APPROACH
High School 3 yrs. Technical.... Commercial.....		Confident...X.....
University (Name and dates of Attendance).....		Nervous.....
.....		Eas.....
Standing other Countries.....		CARRIAGE
		Upright.....
		Medium.....
		Athletic.....X.....
FLYING EXPERIENCE:- Total hours		DRESS
Commercial Hours Solo..... Dual.....		Neat.....X.....
Private " Solo None Dual.....		Conservative.....X.....
No. Hours & Types during last 2 years.....		Clean.....X.....
		Careless.....
MILITARY AND OTHER TRAINING:-		PHYSIQUE
None		Medium.....X.....
.....		Heavy Set.....
.....		Slender.....
SPORTS: - (What Branches)		SPEECH
..... Badminton, swimming, riding, football,		Clear.....X.....
hockey		Slow.....
HOBBIES:..... Reading, sports,		Hesitant.....
INTERVIEWING OFFICER'S OPINION AS TO CHARACTER AND SUITABILITY FOR THE SERVICE: -		RESPONSE
Keen, alert, sturdy, mature but adaptable.		Quick.....X.....
Good average Aircrew material.		Deliberate.....
.....		Slow.....
.....		MANNER
.....		Alert.....
.....		Confident.....X.....
.....		Sincere.....X.....
.....		Reserved.....
.....		Nervous.....
.....		Overbearing.....
.....		Irresponsible.....
REFERENCES CHECKED - SATISFACTORY X		EXCELLENT.....
" " - UNSATISFACTORY		ABOVE AVERAGE.....
" NOT CHECKED.		AVERAGE.....X Good.....
.....		BELOW AVERAGE.....
CONSIDERED SUITABLE FOR COMMISSIONED RANK?... Very probable		MARK WITH AN "X" THE DESCRIPTION WHICH APPLIES
BEST FITTED FOR..... P. or O.		
.....		
<div>26-6-41.</div>		<div>C.L. Arnold</div> <div>O.</div>
RECRUITING CENTRE		

To be made out in duplicate

SPECIAL RESERVE

M.F.M. 5
200M-2-41 (9485-6)
H.Q. 1772-39-1861

**PARTICULARS OF FAMILY OF AN OFFICER OR OTHER RANK OF THE CANADIAN
ARMY (AF) OR R.C.A.F. (ON ACTIVE SERVICE)**

INSTRUCTIONS.

- (a) This form is to be completed immediately an officer or other rank is appointed to, or enlisted in, the Canadian Army (AF) or R.C.A.F. ON ACTIVE SERVICE.
- (b) All questions, etc., must be completed.
- (c) Both copies of the form are to be forwarded by the Officer Commanding the unit for each officer and other rank, to the Paymaster, or Officer acting as such. The latter will transmit one copy, through the District, Command, or Camp Paymaster, to the Officer i/c Records, N.D.H.Q., Ottawa. The other copy will be retained by the Paymaster of the unit, when transferred to another unit the copy retained by the Paymaster will be sent to the Paymaster of the individual's new unit.

(1) Name of Officer or Other Rank..... BLANCHFIELD, JOHN JAMES
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Official Number and Rank..... R112892

(3) Unit..... R.C.A.F.

(4) Are you married?..... NO

(5) If married, state,

(a) Full name of your wife..... NA

(b) Present postal address of wife..... NA

(6) If married, have you been regularly supporting your wife? If not—state reasons.....

..... NA

(7) Are you a widower?..... NA

(8) Have you any children?..... NA..... Number of boys..... Girls.....

Names and ages..... NA

(9) If Dependents' Allowance is claimed in respect of children—state whether you have been regularly supporting them..... NA

Give particulars of Guardians to whom Dependents' Allowance should be paid—if authorized.

Name..... NA

Postal Address.....

..... NA

R.C.A.F. Records Office	
Rec'd	JUL 14 1941
O. K. <u>TE</u>	C.I.B.
R. C. <u>AD</u>	

[SEE OTHER SIDE]

(10) Have you a common-law wife—whom you have been regularly supporting and publicly representing as your wife for at least 2 years immediately prior to appointment or enlistment?.....

If so, state her full name and Postal Address.....NA.....

(11) Is your father alive?.....NA.....

If so, state name and address, occupation.....NA.....

(12) If your father is a widower and is totally incapacitated from earning a living—are you his sole or partial support?.....NA.....

(13) If sole or partial support of father who is a widower, totally incapacitated from earning a living—state what amount per month you have given him prior to appointment or enlistment.....

.....NA.....
Also state reason he has no other means of support if partially supported by you, what is your reason for not providing full support?.....NA.....

(14) Is your mother alive?.....NA.....

If so, state name and address.....NA.....

(15) If your mother is a widow, are you her sole or partial support?.....NA.....

(16) If sole or partial support of widowed mother—state what amount per month you have given her prior to appointment or enlistment.....NA.....

Also state reason why she has no other means of support, if partially supported by you what is your reason for not providing full support?.....NA.....

(17) Are you contributing to the support of any dependents, other than those shown above?.....NA.....
This may include any brothers 16 years of age or under, or any sisters 17 years of age or under, solely supported and maintained as bona fide members of your household before your appointment or enlistment.

If so, state the following particulars:—

RelationshipNA.....

Full NameNA.....

Postal AddressNA.....

Amount contributed monthly during the past six months.....NA.....

(18) Are you insured?.....NO.....

If so, in what Company?.....NA.....

(Give number of policy)

Have you made arrangements for payment of your Insurance Premium?.....NA.....

If not, and it is a monthly premium, you may assign the amount in addition to any other assignment you wish to make, provided the total assignment is not in excess of the maximum monthly amount which may be assigned.

I hereby certify that the information given by me on this form is correct in each and every particular.

Date.....July 7, 1941.....

J. J. Blanchfield
(Signature of officer or man)

Date.....July 7, 1941.....

for *[Signature]*
RCAF Recruiting Centre, Toronto, Ontario

N.B. If parent(s) or one officer or other rank concerned has (have) been replaced by other parent(s), questions relating to fathers and/or mothers above should be altered and answered as applicable.

AIRFORCE NO. RL12892

NAME OF AIRMAN. Blanchfield, J.I.

-EVIDENCE OF MARRIAGE-

DESCRIPTION OF DOCUMENT Certificate of Marriage

NO. L 13947

DATE. 20-8-41

ISSUING AUTHORITY Leo J. Byrne

HUSBAND (FULL NAME) John James Blanchfield

WIFE (FULL NAME) Edith Isabel Grant

DATE OF MARRIAGE 26-8-41

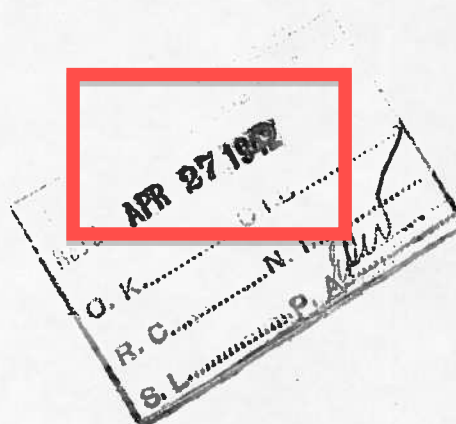
PLACE OF MARRIAGE Kingston, Ontario.

DATE 22-11-42

CERTIFIED TRUE COPY

W. S. W. Breese, F14
(W.S.W. Breese) Flight Lieutenant.

A.F.M.NO. 13



OCCUPATIONAL HISTORY FORM

THIS FORM IS TO BE COMPLETED FOR EACH MEMBER OF THE ARMED FORCES. THE INFORMATION SOUGHT IS FOR THE USE OF GENERAL ADVISORY COMMITTEE ON DEMOBILIZATION AND REHABILITATION, A COMMITTEE SET UP BY THE GOVERNMENT OF CANADA TO STUDY PLANS FOR ESTABLISHING IN INDUSTRIAL LIFE THE MEMBERS OF THE ARMED FORCES, AFTER DISCHARGE. ACCURACY AND COMPLETENESS IN ANSWERING WILL BE OF MUCH HELP TO THE COMMITTEE.

PLEASE READ CAREFULLY THE INSTRUCTIONS GIVEN ON THE INSIDE OF COVER BEFORE COMPLETING FORM

Section A—GENERAL INFORMATION

1. (a) Print name in full. BLANCHFIELD, JOHN JAS. (b) Reg'l. No. RUE 89
2. (a) Arm of service. RCAF (b) Unit. 1014 (c) Rank. ACE
3. (a) Date of birth. Nov 3/1917 (b) Have you any dependents? No (c) Place of residence at time of enlistment. Montreal
(a) Place of enlistment. Montreal (d) Date of enlistment. 7-7-41

PLEASE
LEAVE
BLANK

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school. 17 (b) Were you attending school or college up to the time of enlistment? No
6. State highest training received at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) Jr. Matric
7. If you attended a university, give name of university and standing or degree secured. No
8. (a) Did you ever enter upon a trade apprenticeship? No (b) If so, for what occupation? N/A (c) Did you finish it? N/A (d) If you did not finish it, how long did you serve at it? N/A
9. (a) What languages do you speak fluently? English (b) What languages do you read well? English

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below) Working (b) At time of enlistment of what trade union or professional society were you a member? No

Section D—PARTICULARS CONCERNING THOSE WHO WERE UNEMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 11 TO 17 REFER ONLY TO THOSE WHO ANSWER "NOT WORKING" IN QUESTION 10 (a)

11. Had you ever been employed fairly regularly since leaving school? No
12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked. No (b) State how long you had worked at this trade or occupation. No
13. If answer to 11 be "No", state exact trade or occupation for which you feel qualified. No
14. If you had been employed after leaving school, state when you last worked fairly regularly before enlistment. No
15. Give details of last employer, if any: Name. No Address. No
16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) No
17. (a) If your last employment was in a business of your own, state nature and address of business. No (b) Date of discontinuing it. No

Section E—PARTICULARS CONCERNING THOSE WHO WERE EMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 18 TO 23 REFER ONLY TO THOSE WHO ANSWER "WORKING" IN QUESTION 10 (a). PLEASE READ THESE QUESTIONS AND REPLY TO THOSE APPLYING TO YOU AT TIME OF ENLISTMENT

IF YOU WERE AN EMPLOYEE WORKING FOR AN EMPLOYER UP TO THE TIME OF ENLISTMENT, PLEASE ANSWER QUESTIONS 18 TO 21

18. Name of employer. Thompson, James Co. Address. 1572 Avenue
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) LANDSCAPE ARTISTS
20. (a) Your specific occupation. Painter (b) Number of years' experience at this occupation with any employer. 1 yr.
21. (a) Did your employer promise definitely to give you employment on discharge? No (b) Did your employer refuse to promise you employment on discharge? No (c) Do you wish to return to your former employment? Undecided

IF YOU WERE WORKING ON YOUR OWN UP TO THE TIME OF ENLISTMENT, THAT IS TO SAY, OPERATING A FARM, A STORE, AN AGENCY, OR IN PROFESSIONAL PRACTICE, OR AS A PARTNER IN ANY SUCH LINE, PLEASE ANSWER QUESTIONS 22 AND 23

22. (a) State nature of business, or professional practice. No (b) Where was it located? No
23. (a) Number of years engaged in this business. No (b) Have you made, or will you make plans to return to the same or a similar business on discharge? No

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? No (b) Do you feel competent to operate a farm? No (c) If so, in what kind of farming? No
25. (a) Were you born on a farm? No (b) How many years' actual farming experience have you had? 1 yr. (c) In what provinces did you have experience? Manitoba & B.C.

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? No
27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.) No
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form. No

DATE

194

SIGNATURE

MEMORANDUM FOR

P. 64

Mrs. J.J. Blanchfield,
276 Albert St.,
Kingston, Ont.

Any further communication on this subject should
be addressed to:—

THE ADMINISTRATOR OF ESTATES,
DEPARTMENT OF NATIONAL DEFENCE,
OTTAWA, ONTARIO.

and the following number quoted:—

H.Q. J. 22457 FD. 333

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

December 17, 1943.

For the purpose of record and in the event of there being any Service estate
available for distribution (according to law) on account of the late

BLANCHFIELD, John James, F/O,

J. 22457 R. O. A. F.

it is necessary that the requisite information regarding the deceased and his relatives
should be furnished on the inside of this form in strict accordance with the printed
instructions. The particulars required are to be carefully filled in and the Declaration
on the back should then be signed in the presence of a Clergyman, Priest, Local
Magistrate, Commissioner for Oaths or Notary Public, who should be asked to com-
plete and sign the Certificate. This form should then be returned to the above address.

A deceased's Service estate, the administration of which is the responsibility of
the Estates Branch, consists of any balance of pay and allowances at credit, cash on
hand and the personal effects which are under the control of the Service authorities.
To obtain such assets, it is not necessary for the person(s) legally entitled thereto to
obtain through the Courts Probate of the Will, or if none, Letters of Administration
of his estate.

In addition to the administration of those Service assets, the Administrator of
Estates is authorized to withdraw into Government account any funds (within a
defined amount) on deposit to the deceased's credit in Banks, Post Offices or other
financial institutions in Canada and Overseas, without expense or trouble to the
person(s) legally entitled to the estate, and to distribute such funds at the same time
as any balance of pay is distributed. Also, War Savings Certificates and Victory
Loan Bonds owned by the deceased may be redeemed and similarly distributed, or
transmitted into the name(s) of the person(s) legally entitled. Such Certificates and
Bonds should not be forwarded to the Administrator of Estates until they are requested.

If there are other assets which necessitate an application for Probate or Letters
of Administration, the Administrator of Estates may transfer and hand over the
Service assets to the executor or administrator appointed by the Court so that all
the estate, Service and otherwise, may be dealt with as a whole.

The information given by you on Pages 2 and 3 of this form is therefore of import-
ance in determining whether or not the deceased's assets are such that they may all
be administered by the Administrator of Estates to the person(s) legally entitled,
that is, without the need for Probate or Administration.

If there is insufficient space for complete particulars to be given opposite any
question on Pages 2 and 3 of this form, the space under "additional remarks" on
page 4 should be used.

N. O. Seagram F/O
(N.O. Seagram) S/Ldr.,
for (L.M. Firth) Lt.-Col.,
Administrator of Estates.

CNT: MW

ANSWER IN FULL ALL APPLICABLE QUESTIONS

STATEMENT of the Names, Ages and Addresses or Dates of Death, of all the relatives that the deceased ever had in each of the degrees specified below.

Degrees of Relationship	RELATIVES required to be accounted for	INFORMANT'S STATEMENT		
		of any Relative, if any, in each degree specified	Age	of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....	Edith Isabel Blandfield	28	276 Albert Street Kingston, Ont.
2	Children of the Deceased and dates of their Births.....	nil		
3	Father of the Deceased.....	Deceased		
4	Mother of the Deceased.....	Deceased		
5	Brothers of the Deceased	Full Blood	nil	
		Half Blood	nil	
6	Sisters of the Deceased	Full Blood	nil	
		Half Blood	nil	
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, who are dead, and date of death of each.	Names and ages of their children (if any)	Address of their children	

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased	John James Blawiefield
9	Date of his birth	March 13 th , 1917
10	Place and date of his marriage.	Kingston, Ont. Aug 26/41
11	Place and date of his parents' marriage.	Do not know

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Winnipeg, Man.
13	State, in order, the Province, State and/or Country in which he resided before enlistment and the period of time in each.	(a) Winnipeg, Man. (b) (c) Toronto, Ont. (d) Enlisted in Toronto
14	Nature of employment before enlistment.	Stanley Thompson, Contractor
15	State whether he owned the premises in which he lived and, if so, where situated.	No
16	Name place where deceased stated he intended to make his permanent home.	Canada

PARTICULARS OF ESTATE

17	Did he leave a Will?	Do not know
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses, — was there a marriage contract dealing with property?	No
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc. and the amount on deposit.	Royal Bank of Canada London England
20	Amount of War Savings Certificates held by deceased.	
21	Amount of Victory Loan Bonds held by deceased.	I understand he purchased a \$100 Victory Bond through the R.C.A.F. Officers Club March 1944
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary there. Describe other assets, if any, and estimated value thereof.	Do not know
23	Is application for Probate or Letters of Administration necessary (see page 1)?	Presume not

OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	Do not think so
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	No

(NOTE:—The Government pays funeral expenses within the amounts authorized in the Regulations, where death occurs and burial is made Overseas as well as where death occurs and burial is made in Canada or elsewhere in the North American zone, and if a relative has already paid those expenses the Government will reimburse such relative to the extent of the amount authorized in the Regulations. Any amount of such expenses in excess of those authorized in the Regulations is not payable by the Government nor is it chargeable against the service estate of the deceased.)

DECLARATION

*Insert degree of relationship for example, "Widow", "Father", "Brother", etc.

I hereby declare that all the particulars shown on this form are correct, and a true and complete statement of all the relatives that the deceased ever had in the degrees specified; and that I am the

* Widow of the deceased.

N. B. To be signed in full in the presence of a Clergyman, Priest, Local Magistrate, Commissioner or Notary Public.

Edith Isabel Blanchfield { Signature of Informant
276 Albert Street Kingston, Ont. Address

CERTIFICATE

I hereby certify that, to the best of my knowledge and belief, Edith Isabel

See above. Blanchfield { Name of Informant } is the Widow of the Deceased above described, and I believe the above Declaration and the Statement of Relatives and of particulars made by the Informant and signed in my presence to be complete and correct.

Dated at Kingston this 21 day of December 1943

Signature of Clergyman,
Priest, Magistrate,
Commissioner or
Notary Public

James Sherriff

Qualification.....

Address..... Kingston Ont.

NOTE.—Before granting the above Certificate, care should be taken to see that the Informant gives particulars concerning the death of any Relative stated by him or her to have died, and that the full name and address and age of each surviving Relative specified is stated in its proper place in the Statement opposite.

(If the deceased has no living relatives of the degrees shown on page 2, the names and addresses and relationship of other relatives should be set out below.)

USE SPACE BELOW FOR ANY ADDITIONAL REMARKS YOU MAY WISH TO MAKE

ROYAL AIR FORCE.

Form 551.

OFFICER OR AIRMAN—REPORT ON ACCIDENTAL OR SELF-INFLICTED INJURIES OR IMMEDIATE DEATH THEREFROM.

(N.B.—To be rendered in accordance with para. 2312 of K.R. and A.C.I.)

1. Surname Blanchfield Christian Names (in full) John, James
 Rank Flying Officer Number J. 22457 Unit 410 (P.C. & P.) Squadron
 Date and time of accident November 26/43 21.50 Place of accident Nazeing Nr. Hoddeston

2. Short statement by injured person of the circumstances of the injury. If an aircraft accident state the type and number of the aircraft. If injury sustained in the performance of Air Force duty the particular act of duty to be specified.

Signed statements of witnesses, or of persons to whom the injured person may have mentioned his injury, to be attached.

Pilot of Mosquito IIF DD669 carrying out practice interception which collided with Mosquito IIF DZ259 causing both aircraft to crash.

3. (a) Description of injuries:—

Multiple injuries, immediately fatal.

(b) Are the injuries (i) serious or (ii) of such a nature that they might be the exciting cause of disability later?

(i) Fatal (ii)

(c) Whether (i) admitted to hospital or (ii) provided with medical comforts (see para 2312 K.R. & A.C.I.)

(i) Admitted dead. (ii)

Date December 2, 1943 Signature of Medical Officer (Sgt) J.D. Roger, P/Lt.



IN REPLY PLEASE QUOTE

FILE No. 12

ROYAL CANADIAN AIR FORCE
OVERSEAS

410 (R.C.A.F.) Squadron,
R.C.A.F. Overseas.

9th December, 1943.

222457 F/O BLANCHFIELD

Mrs. J.J. Blanchfield,
276 Albert Street,
Kingston, Ontario.

411160

13-12

13-12

13-12

114

Dear Mrs. Blanchfield:

You will already have received
a telegram informing you of the very sad loss of your
husband Flying Officer Blanchfield.

"Blanch" and his navigator, P/O
Cox of Toronto had taken off on an operational patrol
on the evening of 26th November. They were returning
about ten o'clock when they undertook a practice
interception with another aircraft of this squadron.
On the completion of the exercise two aircraft collided.
Both pilots were in radio communication with the
ground and said they would endeavour to make a landing.
A little later both said they were baling out. The
crew of the other aircraft made a successful parachute
descent but, unfortunately, something must have
happened to prevent your husband and his navigator from
getting free. Consequently they were instantly killed.

Your husband's funeral took place in the Canadian Extension of Royal Air Force Cemetery, Brookwood, Surrey at three o'clock on Tuesday 3rd November, the Service being conducted by Flt/Lt Gallagher, Roman Catholic Chaplain of R.C.A.F. Overseas Headquarters. Full service honours were accorded. A firing party from Headquarters fired three volleys. Both coffins were covered with the Union Jack and the Last Post was sounded at the end.

Both are buried side by side, your husband in Grave 9, Row A, Plot 32 and P/O Cox in Grave 10. I hope to send you shortly a photograph of the grave.

Your husband's effects have been carefully gathered together and forwarded to the R.A.F. Central Depository, from where they will be sent to the Administrator of Estates, Ottawa, who will advise you in due course.

May I express the very deep sympathy which all members of the squadron feel for you in the great loss you have sustained. While Blanch and Ken had not been with the squadron a great length of time they had become a very popular crew and were expected to give a good account of themselves against the enemy. You will have the satisfaction of knowing that your husband has upheld the highest traditions of the Royal Air Force by his unselfish sacrifice in the cause of Freedom.

If there is anything I can do for you please do not hesitate to call on me.

Very sincerely yours,

G.H. Elms w/c
(G.H. Elms) Wing Commander,
Officer Commanding,
No. 410 (R.C.A.F.) Squadron,
R.C.A.F. Overseas.

ADDRESS REPLY TO:

J22457 (R.O.4)

The Secretary,
Department of National Defence for Air,
OTTAWA, Canada.

OTTAWA, Canada, 7th December, 1943.

Mrs. J.J. Blanchfield,
276 Albert Street,
Kingston, Ontario.

Dear Mrs. Blanchfield:


It is my painful duty to confirm the telegram recently received by you which informed you that your husband, Flying Officer John James Blanchfield, was killed on Active Service.

Advice has been received from the Royal Canadian Air Force Casualties Officer, Overseas, that your husband, lost his life during air operations when the aircraft of which he was a member of the crew collided in mid-air with another aircraft near Nazeing, Hertford, England at 9:50 P.M. on November 26th, 1943. His funeral took place at 3:00 P.M. at the Brookwood Cemetery, Brookwood, Woking, Surrey, England, on November 30th, 1943.

You may be assured that any further information received will be communicated to you immediately.

May I take this opportunity to offer you and the members of your family my deepest sympathy.

Yours sincerely,



(W.A. Gunn)
Squadron Leader,
R.C.A.F. Casualties Officer,
for Chief of the Air Staff.

OP

REPORT ON FLYING ACCIDENT OR FORCED LANDING NOT ATTRIBUTABLE TO ENEMY ACTION.

Form 765 (C)
(Revised Feb., 1943.)

In every case copies of this form are to be rendered as follows:—

Indicate here by an X to whom this copy is addressed.

- (i) One copy direct to Air Ministry, C.I. (Accidents).
- (ii) Two copies direct to Air Ministry, (S.4. Statistics).
- (iii) One copy direct to Ministry of Aircraft Production (R.M.I.).
- (iv) One copy through usual channels to Command Headquarters.
- [In addition, and only if casualties to airmen are involved.]
- (v) One copy direct to Records Office.

P.411160

If this incident has been reported to the Air Ministry by signal, quote Reference No. and date.

A/602 2/27.11.43.

1. UNIT 410 (R.C.A.F.) Squadron	Group No. 11	Command A.D.G.B.	Serial No. of Form 66
2. DATE OF INCIDENT 26.11.43 TIME 21.50 hours SITE OF INCIDENT (a) Name of airfield or landing ground (b) Place (if (a) not applicable) HAZELING (c) County Essex		3. NATURE OF AND PURPOSE FOR WHICH FLIGHT AUTHORIZED:— Nature { (i) Operational or Non-operational? Operational (ii) Day or Night flying? Night (iii) Purpose Scramble	
Part (a) to be completed if the incident occurred on, or whilst taking off from or approaching to land on an airfield or landing ground.		This flight is being included in this Unit's flying hour summary on { Form 765A Form 765B (Delete as necessary)	

4. TYPE OF AIRFRAME AND ENGINE and extent of damage (see footnotes to this section).

Details of Airframe and Engine.	Airframe.	Engine.			
		Centre Port.	Centre Starboard.		
Type	MOSQUITO	Merlin	Merlin		
Mark or series	II	XVI	XVI		
R.A.F. No. (and makers' No. for engines)	DN669	60439/ A313425	73245/ A256929	a	a
Total hours run		b	b	b	b
Date last installed in Airframe		b	b	b	b
c Extent of damage					

a To be quoted whenever an engine is damaged or fails.

b To be quoted only for incidents involving defect or failure of airframe or engines.

c To be indicated as:—

E = Missing, unrepairable, reduction to scrap or instructional.
B = For repair at contractor's works or R.A.F. Depot.

AC = For repair by contractor's working party.
A = For repair by nearest R.A.F. unit.

U = No damage.

FLYING EXPERIENCE OF PILOTS.

Flying Experience of Pilots and Pupil Pilots. See Note (ii)

Nav/Radio

6. STAGE OF FLIGHT.

- | | | | | |
|--|--|---|---|--|
| A. Picketed or at moorings.
B. Starting up.
C. Stationary other than A or B.
D. Taxiing.
E. Taking off | F. In flight.
G. Landing.
H. Towed or manhandled.
J. Not known. | 7. DID FIRE OCCUR? If Yes, state "In air" or "On ground" as appropriate. If no fire state "No." | 8. CONDITIONS OF LIGHT IN WHICH INCIDENT OCCURRED.
A. Day (daylight).
B. Dusk (half light of evening).
C. Dawn (half light of morning).
D. Dark (no moon or moon obscured). | 9. IF INCIDENT occurred when taxiing on, taking off from or landing on a runway state "Yes."
E. Moonlight.
F. Not known. |
| Quote A or B or C, etc., as appropriate F | | Yes in air | Quote as A or B or C, etc., as appropriate and amplify in Part 12(b) if necessary D | |
| | | | No | |

- 10 DESCRIPTION OF ACCIDENT (or summary of pilot's report, if available). In cases of engine failure information should be given as to the behaviour of the engine and manipulation of the engine controls immediately before failure.
Duration of flight since last take off : Hours..... Minutes..... If engine failure occurred during take off quote height.....

No report - Pilot killed.

- 11 REPORT BY APPROPRIATE SPECIALIST OFFICERS (A. E. Nav., &c.) :—(i) If technical failure is involved information as to the nature and cause of the failure is required ; precise information as to the extent of the damage arising as a result of this failure is not required. (ii) If the non-embodiment of an authorised modification is considered to have contributed to the accident, the serial number of the modification and reason for non-embodiment should be stated.

No technical failure involved.

Is Form 1022 or 1023 being rendered?
If "Yes" state which

No

Signature

(SAD)

G. F. BURTON

1/1

REPORT ON FLYING ACCIDENT OR
FORCED LANDING NOT ATTRIBUTABLE TO ENEMY ACTION.

Form 765 (C)
(Revised Dec., 1941.)

In every case copies of this form are to be rendered
as follows:—

Indicate here by an X to
whom this copy is addressed.

- (i) One copy direct to Air Ministry, C.I. (Accidents).
(ii) ~~Two~~ ¹ copy direct to Air Ministry, (S.I. Statistics). **CSB2**
(iii) One copy direct to Ministry of Aircraft Production (R.M.I.).
(iv) One copy through usual channels to Command Headquarters.

If this incident has been reported
to the Air Ministry by signal,
quote Reference No. and date.

A/602 & 27.11.43.

(v) One copy direct to Records Office.					
1. UNIT	410 (R.C.A.F.) SQUADRON	Group No.	11	Command	A.D.G.B.
				Serial No. of Form	66

2. DATE OF INCIDENT	26.11.43.
TIME	21.50 HOURS
SITE OF INCIDENT	
(a) Name of aerodrome or landing ground.	
(b) Place (if (a) not applicable)	NAZEING
(c) County	ESSEX
Part (a) to be completed if the incident occurred on, or whilst taking off from or approaching to land on a aerodrome or landing ground.	

3. NATURE OF AND PURPOSE FOR WHICH FLIGHT AUTHORIZED:—	
Nature { (i) Operational or Non-operational?	OPERATIONAL
(ii) Day or Night flying?	NIGHT
(iii) Purpose	SCRAMBLE
ba 922457	
This flight is being included in this Unit's flying hour summary on Form 765A 26.11.43 (Delete as necessary)	

4. TYPE OF AIRFRAME AND ENGINE and extent of damage (see footnotes to this section).					
Details of Airframe and Engine.	Airframe.	Engine.			
		Single or Port.	Starboard.	Centre Port.	Centre Starboard.
Type	MOSQUITO	MERLIN	MERLIN		
Mark or series	II	XXI	XXI		
R.A.F. No. (and makers' No. for engines)	DD669	60139/ A313425	73245/ A256929	a	a
Total hours run		b	b	b	b
Date last installed in Airframe		b	b	b	b
c Extent of damage	E	E	E		
a To be quoted whenever an engine is damaged or fails. b To be quoted only for incidents involving defect or failure of airframe or engines. c To be indicated as:— E = Missing, unrepairable, reduction to scrap or instructional. AC = For repair by contractor's working party. B = For repair at contractor's works or R.A.F. Depot. A = For repair by nearest R.A.F. unit. U = No damage.					

5. ALL OCCUPANTS OF AIRCRAFT					and					FLYING EXPERIENCE OF PILOTS.									
(i) Names to be entered in order of duty: 1st Pilot, 2nd Pilot, Pupil Pilots, etc.					Flying Experience of Pilots and Pupil Pilots. See Note (ii)														
(ii) Degree of injury to be classified as: Missing, Killed, Injured (admitted to Sick Quarters or Hospital), Slightly Injured (not admitted to Sick Quarters or Hospital), Uninjured. (Quote as M, K, I, I(s) or U as appropriate.)					Part A. Total Solo (Day & Night).					Part B (see Note (i) below). Solo (Night).					Part C (see Note (iii) below).				
Duty.	Name and Initials (Nationality to be quoted if not British).	Rank.	No.	Degree of Injury.	Type Quoted in Part 4.	All Types.	Type Quoted in Part 4.	All Types.	Instru- ments.	Link Trainer.									
PILOT	BLANCHFIELD, J. J. (R.C.A.F.)	F/O.	J. 22457	K	—	—	—	—	—	—									
NAV/RADIO	COX, J. G. (R.C.A.F.)	F/O.	J. 20251	K	—	—	—	—	—	—									

NOTE (i) Part B only to be quoted if incident occurred during night flying. (ii) Quote to nearest hour.
(iii) Part C only to be quoted if loss of control at night or in bad visibility or cloud by day is a possible contributory factor.

6. STAGE OF FLIGHT.		7. DID FIRE OCCUR? If Yes, state "In air" or "On ground" as appropriate. If no fire state "No."	8. CONDITIONS OF LIGHT IN WHICH INCIDENT OCCURRED.	9. IF INCIDENT occurred when taxying on, taking off from or landing on a runway state "Yes."
A. Picketed or at moorings.	F. In flight.		A. Day (daylight).	E. Moonlight.
B. Starting up.	G. Landing.		B. Dusk (half light) or "evening".	F. Not known.
C. Stationary other than A or B.	H. Towed or manhandled.		C. Dawn (half light) or "morning".	
D. Taxiing.	J. Not known.		D. Dark (no moon or no stars).	
E. Taking off.				
Quote A or B or C, etc., as appropriate		Quote as A or B or C, etc., as appropriate and amplify in Part 12(B) if necessary.		

(P.T.O.)

10. SUMMARY OF PILOT'S REPORT (or a description of circumstances which terminated in the accident if the pilot's report is not available). In cases of engine failure information should be given as to the behaviour of the engine and manipulation of the engine controls immediately before failure.

Duration of flight since last take off : Hours..... Minutes..... If engine failure occurred during take off quote height.....

No Report - Pilot Killed.

11. REPORT BY APPROPRIATE SPECIALIST OFFICERS (A. E. Nav., &c.) :—(i) If technical failure is involved information as to the nature and cause of the failure is required ; precise information as to the extent of the damage arising as a result of this failure is not required. (ii) If the non-embodiment of an authorised modification is considered to have contributed to the accident, the serial number of the modification and reason for non-embodiment should be stated.

No technical failure involved.

Is Form 1022 or 1023 being rendered? } No Signature (SGD) G. E. Burton, F/Lt.
If "Yes" state which

12. REMARKS BY UNIT COMMANDER (to be given under three separate headings) :—

Part A. Remarks as to circumstances of the incident. (If it occurred at night on or near an aerodrome the nature of the lighting system in use at the time is to be noted in Part A.)
Part B. Diagnosis of all contributory factors. The manner in which any particular factor contributed to the incident is to be clearly indicated.
Part C. General remarks (including any recommendation with regard to personnel, training, airframes, engines, accessories, etc., and notes of any action taken as a result of this incident).

- A. Pilot doing a practice interception at night after enemy activity had ceased.
B. Pilot under EASTHILL control was given vectors to intersect target a/c. Closed rapidly, contact obtained and, in overshooting badly, struck the port wing of target a/c. Pilot reported by R/T that crew were bailing out. No further R/T heard and a/c crashed killing the crew.
C. Nil

Signature /Cdr. Commanding 410 (R. O. A. F.) Squadron Date 30.11.43.

13. REMARKS BY STATION COMMANDER (and notes of any action taken as a result of this incident) :—

(i) Was any assistance rendered in rescue work after the accident, which is considered worthy of recommendation? Yes or No..... If any such assistance was rendered, the recommendation is to be forwarded separately.

From the information now available it would appear that the pilot of this aircraft carried out his A.I. interception approach at too high a speed resulting in an over-shoot. It would also appear that the pilot failed to see the target aircraft until the last minute and in taking avoiding action allowed his starboard wing to collide with the under-side port wing of the target aircraft. The reason for the pilot not seeing the target aircraft till the last few seconds may have been due to an A.I. squint which of course would have forced him to concentrate upon another area in the sky. However, it is not understood how the Pilot failed to see the Resin lights of the target aircraft in view of the fact that they are most plainly visible, in clear air, from over 2,000 feet.

Signature Humsdon. Date 3rd Dec 1943.

Every item of information should be carefully supplied. (See reverse side for instructions)

THIS FORM MUST BE FILED FORTHWITH WITH THE DIVISION REGISTRAR OF THE DIVISION IN WHICH THE DEATH OCCURRED BEFORE A BURIAL PERMIT CAN BE ISSUED

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

FORM 6

This form if placed in an envelope, marked "Dominion Statistics—Free, penalty for improper use \$300," and properly addressed will pass through the mail "FREE"

PROVINCE OF ONTARIO—CERTIFICATE OF REGISTRATION OF DEATH

1. PLACE OF DEATH { County or District of Overseas (England) Township of
If in City, Town or Village..... Street..... House No.....
(Name) (If death occurred in a hospital or institution, give the name instead of street and number)

2. LENGTH OF STAY (in years, months and days)
(a) In City, Town or Township where death occurred..... (b) In Province..... (c) In Canada (if immigrant).....

3. PRINT FULL NAME OF DECEASED BLANCHE FIELD John James
(Family name) (Given name or names in usual order)

RESIDENCE No..... Street..... City, Town, Village or Township New Adelaide Hotel Province Toronto, Ontario
(Residence means usual place of abode. Post Office Address for residents in rural parts not sufficient)

4. Sex	5. Nationality (Citizenship)	6. Racial Origin	7. Single, Married, Widowed or Divorced (Write the word)
<u>MALE</u>	<u>CANADIAN</u>	<u>ENGLISH</u>	<u>MARRIED</u>

8. BIRTHPLACE MANITOBA
(Province or Country)

9. DATE OF BIRTH MARCH 13 1917
(Month) (Day) (Year)

10. AGE in { Years 26 Months Days If less than one day old
hrs. or min.

11. Trade, profession or kind of work as spinner, teamster, office clerk, etc. PILOT

12. Kind of industry or business, as cotton-mill, lumbering, bank, etc. R.C.A.F.

13. Date deceased last worked at this occupation 26/NOV./43 14. Total years spent in this occupation TWO

15. If married give name of wife or husband of deceased EDITH ISABEL GRANT

16. NAME BLANCHFIELD JOSEPH MICHAEL

17. BIRTHPLACE ONTARIO
(Province or Country)

18. MAIDEN NAME PERKINS EILEEN MARGARET

19. BIRTHPLACE MANITOBA
(Province or Country)

20. Person giving information sign here. Wasselman F/L
FOR (R.C.A.F. RECORDS OFFICER)

Address.....
Relationship to deceased.....

21. Place of Burial, Cremation or Removal.....
Date of burial or removal.....

22. Burial Permit was issued by.....
Address.....

23. UNDERTAKER.....
(Name and address)

MEDICAL CERTIFICATE OF DEATH

24. DATE OF DEATH NOVEMBER 26 1943
(Month) (Day) (Year)

25. I HEREBY CERTIFY that I attended deceased from:.....
.....19.....to.....19.....
and last saw h.....alive on.....19.....

CAUSE OF DEATH		PHYSICIAN
I. Immediate cause Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, asthma, etc.	(a) <u>KILLED DURING AIR OPERATIONS</u> due to	Underline the cause to which death should be charged statistically
Merbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).	(b)..... due to	
II. Other merbid conditions (if important) contributing to death but not causally related to immediate cause.	(c).....	

26. If a communicable disease is mentioned on this certificate, give { (a) Date of appearance.....19.....
(b) Duration of disease.....days

27. If a woman, was the death associated with pregnancy?.....

28. Was there a surgical operation?.....Date of operation.....19.....
State findings.....Was there an autopsy?.....

29. If death was due to external causes (violence) fill in also the following:—
Accident, suicide or homicide? ACCIDENT Date of injury NOVEMBER 26 1943
(State which)
Manner of injury KILLED DURING AIR OPERATIONS
(How sustained)
Nature of injury.....
Specify whether injury occurred in industry, in home, or in public place PUBLIC PLACE

Signed by.....M.D.
Address..... Date.....19.....

30. Division Registrar's Record No.....

31. Filed.....19.....
(Division Registrar)

FLYING ACCIDENT SIGNAL REPORT

Reference: C.A.F. 100 Section 4, Para. 14

1100-26-80

1022-B-4555

TO: AFHQ

FROM: OC NO 1 SPTS CAMPEORDEN ONT

Originator's

Number A314

Date 7-3

Unit to which aircraft belongs . . . B. TO 1 SPTS CAMPEORDEN ONT

Place, date and time of accident . . . C. MAIN AIRDRONE 6/3 1500 HOURS

Type and registration number of Aircraft involved . . . D. HARVARD 2680

Category of Crash . . . E. C1 CRASH

Particulars of persons involved, stating:-

Full Name, Rank and Number of Pilot and whether killed, missing, dangerously, severely or slightly injured, or uninjured. . . F. R112892 LAC BLANCHFIELD JOHN JAMES UNINJURED

Full Names, Ranks, Numbers and Duties of other occupants and whether killed, missing, dangerously, severely or slightly injured, or uninjured . . . G. NA

Full Names, Ranks, Numbers and Duties of other personnel involved (not occupants of aircraft) and whether killed, dangerously, severely or slightly injured, or uninjured . . . H. NA

Names, relationships and addresses of next-of-kin of personnel killed, missing, dangerously or severely injured . . . J. NA

Whether next-of-kin have been advised . . . K. NA

Nature of duty on which engaged at time of accident . . . L. HEIGHT TEST

Nature and short description of accident . . . M. A/C LANDED ON MARKED SOFT SPOT ON AIRDRONE AND TURNED UP ON NOSE

Cause of accident if apparent; if obscure, state "Cause of accident Obscure" . . . N. CARELESSNESS ON PART OF PILOT DISCIPLINARY ACTION TAKEN AND PILOTS

LOG BOOK ENDORSED

OFFICIAL ROYAL CANADIAN AIR FORCE CASUALTY NOTIFICATION

NUMBER **J22457 (R112892)** RANK **FLYING/OFF.** UNIT **~~410~~ 50DN**

TRADE **PILOT (GEN LIST)**

NAME **BLANCHFIELD, JOHN JAMES**

R.C.A.F.	R.A.F.	R.A.A.F.	R.N.Z.A.F.	OTHER
X				

(OVERSEAS)

MARITAL STATUS **MARRIED** RELIGION **R.C.** CANADIAN **YES**

FRENCH CANADIAN OTHER

NEXT OF KIN AS SHOWN ON REC. OF SERV. & RELATIONSHIP **MRS. J.J. BLANCHFIELD, (WIFE)**

ADDRESS **276 ALBERT ST.,
KINGSTON, ONT.**

NAME ADDRESS D.A.B. **MRS. EDITH I. BLANCHFIELD,
SAME ADDRESS**

NEXT OF KIN AS SHOWN ON CAS. SIG. & RELATIONSHIP **MRS. E.I. BLANCHFIELD, (WIFE)**

ADDRESS **276 ALBERT ST.,
~~KINGSTON~~ KINGSTON, ONT**

FATHER'S NAME
ADDRESS

LIVING ON ENLISTMENT **YES** NO

MOTHER'S NAME **BOTH DECEASED**
ADDRESS

LIVING ON ENLISTMENT **YES** NO

WAS MEMBER ATTACHED TO R.A.F. AT ANY TIME? YES/**NO**

IF CASUALTY OCCURRED IN CANADA DID MEMBER HAVE SERVICE OUTSIDE CANADA DURING WAR WITH THE GERMAN REICH? YES/NO

IF ON LEAVE, STATE DATE LEAVE COMMENCED AND WHETHER ON LEAVE WITH OR WITHOUT PAY?

CASUALTY DETAILS:

AUTHORITY CAS. SIG. NO. **AIR MIN KMY POK94 1-28-NOV-43.**

NR52/28 NOV.

"KILLED" 26-NOV-43 DURING AIR OPERATIONS (OVERSEAS)

(COLLIDED IN MID-AIR WITH ANOTHER AIRCRAFT NEAR NAZZING, HERTFORD, ENGLAND.)

(NEXT OF KIN ADVISED 28-NOV-43.)

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.? YES/**NO**

M.F.M. 5 ATTACHED TO NOTIFICATION TO A. OF E.? YES/**NO**

CERTIFICATE P. OF D. ATTACHED TO A. OF E. COPY **YES**/NO

DATE **10-DEC-43.**

FOR CHIEF OF THE AIR STAFF